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Date of Deposit: September 10, 2003

Attorney Docket No. 18217-504-CON



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR: Venit, *et al.*

FOR: COMBRETASTATIN A-4 PHOSPHATE PRODRUG MONO- AND
DI-ORGANIC AMINE SALTS, MONO- AND DI-AMINO ACID
SALTS, AND MONO- AND DI-AMINO ACID ESTER SALTS

September 10, 2003
Boston, Massachusetts

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

**REQUEST FOR FILING A CONTINUING PATENT APPLICATION
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a continuation application under 37 C.F.R. §1.53(b) of copending application U.S.S.N. 09/950,500, filed September 11, 2001, which claims benefit of U.S.S.N. 60/232,568, filed September 14, 2000, abandoned, and U.S.S.N. 60/251,921 filed December 7, 2000, abandoned.
2. A copy of the application is enclosed. This application is a total of 77 pages. This application includes:
 - 57 pages of specification (not including claims, abstract, or figures)
 - 6 page of claims
 - 1 page of abstract
 - 13 sheets of drawings (informal) (Figs. 1-13)
3. A copy of a signed Combined Declaration/Power of Attorney submitted in parent application U.S.S.N. 09/950,500 is included.
4. A copy of the Associate Power of Attorney submitted in parent application U.S.S.N. 09/950,500 is included.
5. The parent application is assigned of record to Bristol-Myers Squibb Company, Princeton, New Jersey.
6. An Information Disclosure Statement and a Supplemental Information Disclosure Statement and the accompanying Modified PTO-1449 Forms from parent application U.S.S.N. 09/950,500 are included.

FIRST-NAMED INVENTOR: Venit, *et al.*
Request for Continuing Nonprovisional Application (37 C.F.R. §1.53(b))

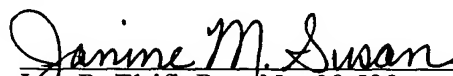
7. Fees associated with this application have been calculated as follows:

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$750.00
Total Claims (37 C.F.R. 1.16(c))	28	20	8	\$18.00	\$144.00
Independent Claims (37 C.F.R. 1.16(b))	4	- 3 =	1	\$84.00	\$ 84.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	0			\$280.00	\$ 0.00
				SUBTOTAL:	\$978.00
				TOTAL FEE:	\$978.00

8. A check in the amount of \$978.00 is enclosed. The Commissioner is authorized to charge any additional fees due, or credit overpayments, to Deposit Account No. 50-0311, Ref. No. 18217-504-CON.

9. A return receipt postcard is enclosed.

Respectfully submitted,


Ivor R. Elrifi, Reg. No. 39,529
Naomi S. Biswas, Reg. No. 38,384
Janine M. Susan, Reg. No. 46,119
Attorneys for Applicants
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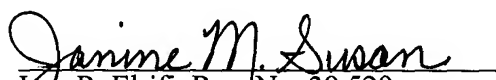
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